

MONROE COUNTY HEALTH DEPARTMENT
APPLICATION FOR FOOD WORKER CERTIFICATION TRAINING COURSE

PLEASE PRINT
LAST NAME

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FIRST NAME & MIDDLE INITIAL

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NUMBER AND STREET ADDRESS

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CITY, STATE & ZIP

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DAYTIME TELEPHONE NUMBER

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PLACE OF FOOD SERVICE EMPLOYMENT _____

POSITION HELD _____

REASON FOR TAKING COURSE:

NEW OPERATOR _____ TEMPORARY EVENT OPERATOR _____ MOBILE/PUSH CART OPERATOR _____

ENFORCEMENT ACTION _____ OTHER _____

THE COURSE INSTRUCTION IS GIVEN OVER TWO DAYS (APPROX. 3 HOURS EACH DAY)
PLEASE CALL 274-6869 FOR CLASS SCHEDULE. Please notify us, when scheduling, if you have difficulty reading or writing the English language.

APPLICANT'S SIGNATURE _____

DATE _____

THE COURSE FEE IS **\$90.00** PAYABLE BY CASH, CHECK OR MONEY ORDER WITH SUBMISSION OF THIS APPLICATION. IF PAYING BY CASH, PLEASE HAVE CORRECT CHANGE. NO CREDIT CARDS ACCEPTED.

PLEASE MAKE CHECKS PAYABLE TO: **MONROE COUNTY HEALTH DEPARTMENT**

If applying by mail, send form and check to: MONROE COUNTY HEALTH DEPARTMENT
Food Certification – Room 1020
P.O. Box 92832
111 Westfall Road
Rochester, N. Y .14692